HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Safe use of opioids national collaborative

Lakes DHB

open FOR BETTER CARE

Aim

Primary Aim:

To reduce the incidence of constipation related to opioid use in orthopaedic inpatients by 50% by June 2016.

Secondary Aim:

We aim to reduce the overall harm related to opioid use in orthopaedic inpatients by 25% by June 2016.

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Reduction in opioid-related harm – 9 June 2015

AIM

The aim is to reduce opioid related constipation in orthopaedic inpatients by 50% by June 2016.

PRIMARY DRIVERS

Processes, rules of conduct, structure

- Diet
- Mobility
- Opioid use
- Other medicines

SECONDARY DRIVERS

Components. activities

Diet

1. Fluid intake
2. Access to & consumption of high fibre foods
3. Patient education
4. Comorbidities

Mobility

1. Encourage/motivate patients
2. Side effects from medications including opioids
3. Physical assistance required (physio)
4. Patient/staff education
5. Anaesthesia choices

Opioid use

1. Chronic use pre-admission
2. Acute pain
3. Preferred prescribing culture (leadership and engagement)
4. Anaesthesia choices

Other medicines

1. Anti-emetics - Ondansetron
2. Anti-psychotics/anti-depressants
3. Any other medicines contributing to constipation
4. Laxatives

Change ideas

Kiwicrush/prunes on breakfast trays

Pre-admission education for electives (currently encouraged to bring in prunes and a bottle of water) – ERAS

Actively monitoring side effects and pain levels

Use LA based nerve blocks "What can we learn from ERAS for acute patients?"

Pain level monitoring to more actively influence pain relief given.

Prescribe NSAID if possible Structured process/ guidelines expectations for ladder of analgesia.

Provide patients with the information re different pain relief options and their side effects.

Anti-emetics stickers with Ondansetron as 3rd line to reduce its use

Co-prescribe laxatives with opioids

Consider prescribing laxatives as regular particularly if on other constipating drugs.

Regular bowel monitoring

Gauge patient understanding and preferences re prevention of constipation

Staff education/leadership

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Safe use of opioid collaborative - Data Collection Plan

	Measure	Type of measure	Operational definition	Data Source(s)	What	Where	How	When	Who
	Name of measure	(Outcome, Process, Balancing)	Formula, definition of words used in measure	What is the source of data? (GTT, Audit)	What are we going to collect?	Area of data collection?	How will the data be collected?	When will the data be collected, frequency?	Who will collect the data?
1	Rate of patient reported opioid related harms per 100 patients in the target group.	Secondary outcome	*Numerator:* Total opioid related harms in subgroup *Denominator:* Number patients in subgroup All harms included in this measure	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen
2	% of patients receiving opioids who experience constipation during their admission	Outcome	*Numerator:* Number of patients who experience constipation *Denominator:* Number of patients in subgroup Constipation = BNO ≥3 days	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen
3	The % patients with bowel monitoring documented once a shift on the EWS	Process	*Numerator*: Number of patients for whom bowel motions are recorded *Denominator*: Number of patients in subgroup	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen
4	The % of patients for whom there was insufficient information in the notes to determine constipation	Process	*Numerator*: Number of patients for whom there was insufficient information in the notes to determine constipation *Denominator*: Number of patients in subgroup	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen
5	The % of patients treated with opioids who receive Kiwicrush	Process	*Numerator*: Number of patients who receive Kiwicrush *Denominator*: Number of patients in subgroup	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen
6	The % of patients receiving prophylactic laxatives	Process	*Numerator*: Number of patients who receive prophylactic medicated laxatives *Denominator*: Number of patients in subgroup	Audit/patient interview	5 patients (LOS ≥3 days) reviewed per week (may be collated into fortnightly subgroups)	Orthopaedic Unit	Manual audit/ interview	Weekly	Weekly roster. Data collection to be shared by Charlotte, Ulrike, Maria & Kharen

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Measurement

- Having a plan is useful – keeps us on track
- Drives identification of the need for good operational definitions and the redefinition of these at times.

Remember this?

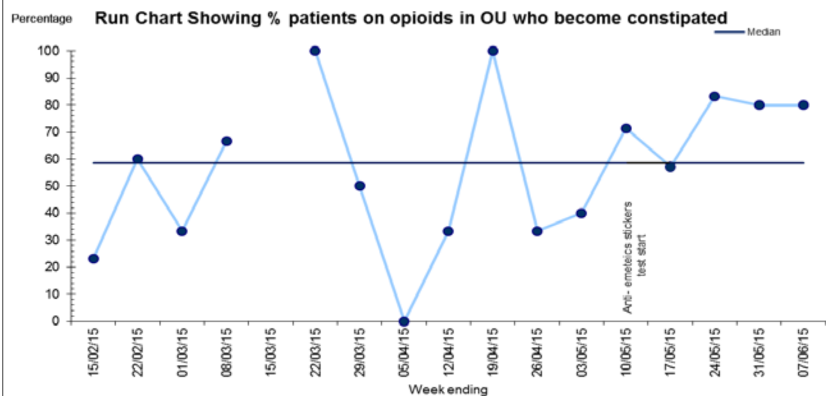
Redefining the operational definition of a goal

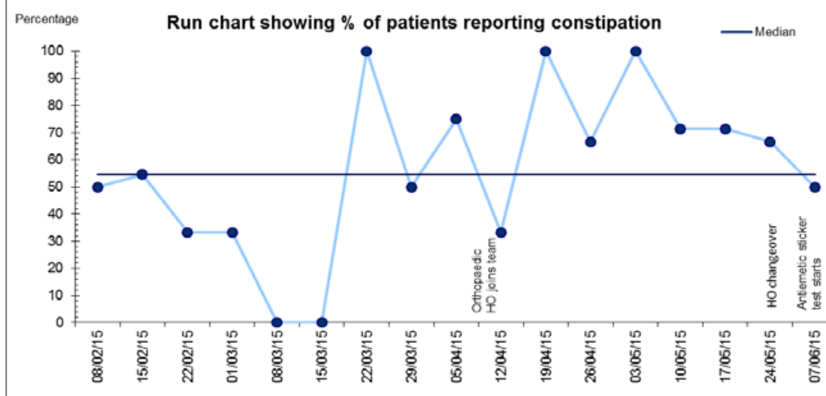
The ball has to be completely past the post/crossbar in the same way that the ball cannot be touching the line.

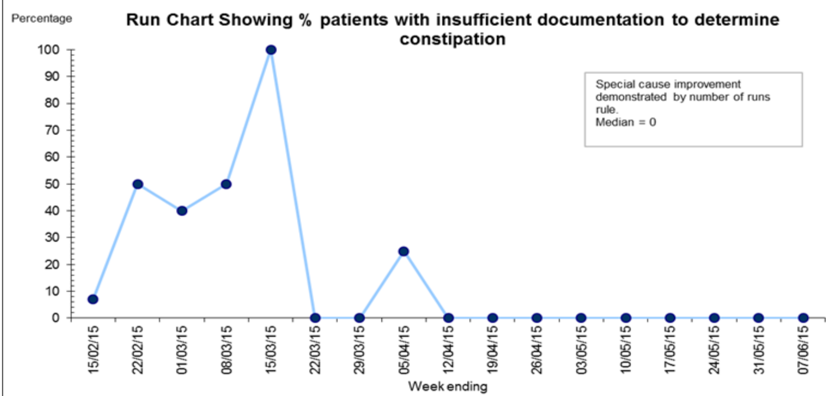
Goal or no goal?

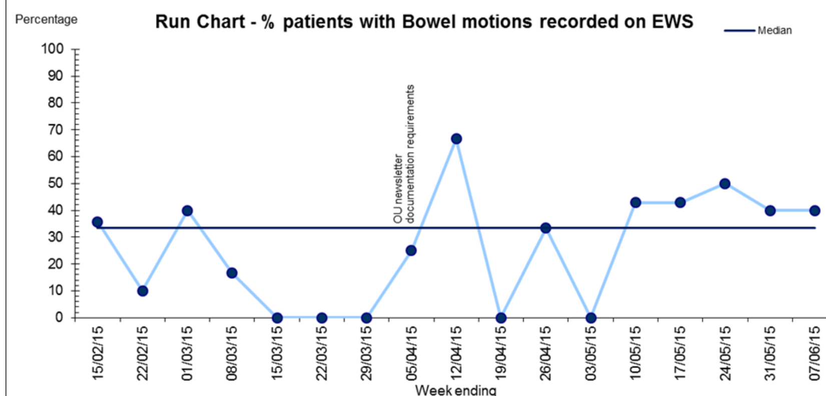
Challenges

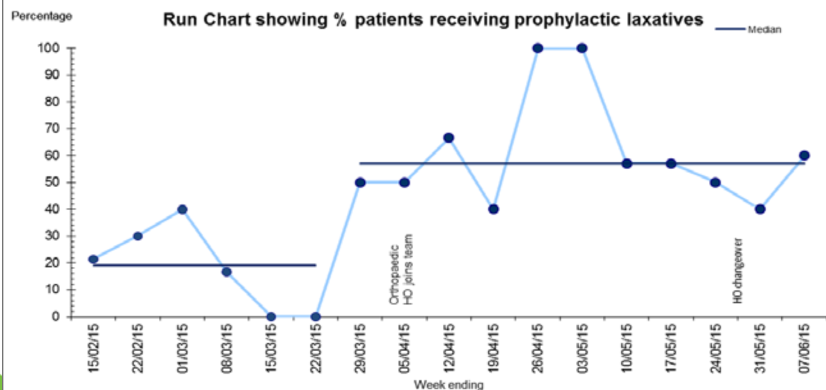
- Multiple iterations of the audit and patient interview tools to achieve the data we wanted
- Resourcing of data collection
- Added process measures around documentation
- Issue with balance measure being able to be graphed

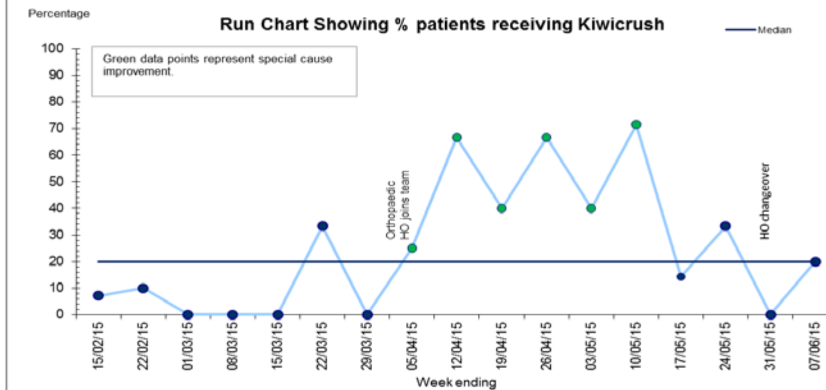

Percentage
Run Chart Showing % patients on opioids in OU who become constipated
Median
100 90 80 70 60 50 40 30 20 10 0
Anti- emeteics stickers test start
15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 31/05/15 07/06/15
Week ending


Percentage
Run chart showing % of patients reporting constipation
Median
100 90 80 70 60 50 40 30 20 10 0
Orthopaedic HO joins team
HO changeover
Antiemetic sticker test starts
08/02/15 15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 07/06/15


Percentage
Run Chart Showing % patients with insufficient documentation to determine constipation
Special cause improvement demonstrated by number of runs rule.
Median = 0
100 90 80 70 60 50 40 30 20 10 0
15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 31/05/15 07/06/15
Week ending


Percentage
Run Chart - % patients with Bowel motions recorded on EWS
Median
100 90 80 70 60 50 40 30 20 10 0
OU newsletter documentation requirements
15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 31/05/15 07/06/15
Week ending


Percentage
Run Chart showing % patients receiving prophylactic laxatives
Median
100 90 80 70 60 50 40 30 20 10 0
Orthopaedic HO joins team
HO changeover
15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 31/05/15 07/06/15
Week ending


Percentage
Run Chart Showing % patients receiving Kiwicrush
Median
Green data points represent special cause improvement.
100 90 80 70 60 50 40 30 20 10 0
Orthopaedic HO joins team
HO changeover
15/02/15 22/02/15 01/03/15 08/03/15 15/03/15 22/03/15 29/03/15 05/04/15 12/04/15 19/04/15 26/04/15 03/05/15 10/05/15 17/05/15 24/05/15 31/05/15 07/06/15
Week ending

Patients’ preferred laxative therapy

Themes from patients' comments

Questions?